

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Name	X098 Medicar e simple claim	X098 Medicar e anesthe sia claim	X098 Medicar e anesthe sia with CRNA claim	X098 Medicar e ambulanc e claim	X098 Medicar e spinal manipul ation claim	X098 Medicar e inpatient hospital profession al claim	X098 Medicar e outpatient hospital profession al claim	X098 Medicar e hospice profession al claim	X098 Medicar e laborato ry (CLIA) claim	X098 Medicar e laborato ry (homebo und) claim	X098 Medicar e mammog raphy claim	X098 Medicar e podiatry claim	X098 Medicar e physical therapy claim	X098 Medicar e global surgery claim	X098 Medicar e counsel ing/psyc hotherapy claim	X098 Medicar e ESRD (with EPO) claim	X098 Medicar e ESRD (without EPO) claim	X098 Medicar e Vision claim
2	X098 Patient Weight	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Req	Absent
3	X098 Claim Place of Service: Office		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent				Absent				Req
4	X098 Claim Place of Service: Home		Absent	Absent	Absent		Absent	Absent			Req	Absent			Absent		Absent	Absent	Absent
5	X098 Claim Place of Service: Inpatient Hospital	Absent			Absent	Absent	Req	Absent			Absent		Absent		Req				Absent
6	X098 Claim Place of Service: Outpatient Hospital	Absent			Absent		Absent	Req	Absent		Absent				Absent				Absent
7	X098 Claim Place of Service: Emergency Room - Hospital				Absent	Absent	Absent		Absent		Absent	Absent		Absent	Absent		Absent	Absent	Absent
8	X098 Claim Place of Service: Ambulatory Surgical Center				Absent		Absent	Absent	Absent		Absent			Absent	Absent	Absent			Absent
9	X098 Claim Place of Service: Birthing Center		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent		Absent	Absent	Absent		Absent	Absent	Absent
10	X098 Claim Place of Service: Military Treatment Facility				Absent	Absent	Absent	Absent	Absent		Absent				Absent		Absent	Absent	Absent
11	X098 Claim Place of Service: Skilled Nursing Facility		Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent			Absent		Absent	Absent	Absent
12	X098 Claim Place of Service: Nursing Facility		Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent			Absent		Absent	Absent	Absent
13	X098 Claim Place of Service: Custodial Care Facility		Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent			Absent		Absent	Absent	Absent
14	X098 Claim Place of Service: Hospice	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req		Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent
15	X098 Claim Place of Service: Adult Living Care Facility		Absent	Absent	Absent	Absent	Absent	Absent			Absent				Absent		Absent	Absent	Absent
16	X098 Claim Place of Service: Ambulance - Land	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
17	X098 Claim Place of Service: Ambulance - Air or Water	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
18	X098 Claim Place of Service: Inpatient Psychiatric Facility				Absent	Absent	Absent	Absent	Absent		Absent	Absent			Absent		Absent	Absent	Absent
19	X098 Claim Place of Service: Psychiatric Facility Partial Hosp.				Absent	Absent	Absent	Absent	Absent		Absent	Absent			Absent		Absent	Absent	Absent
20	X098 Claim Place of Service: Community Mental Health Center		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent
21	X098 Claim Place of Service: ICF/ Mentally Retarded		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent			Absent		Absent	Absent	Absent
22	X098 Claim Place of Service: Residential Substance Abuse Facilit		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent		Absent	Absent		Absent	Absent	Absent
23	X098 Claim Place of Service: Psychiatric Residential Treat. Cntr		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent
24	X098 Claim Place of Service: Federally Qualified Health Center		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
25	X098 Claim Place of Service: Mass Immunization Center		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
26	X098 Claim Place of Service: Comprehensive Inpatient Rehab.	Absent	Absent	Absent	Absent		Absent	Absent	Absent		Absent	Absent			Absent	Absent	Absent	Absent	Absent
27	X098 Claim Place of Service: Comprehensive Outpatient Rehab.	Absent	Absent	Absent	Absent		Absent	Absent	Absent		Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent
28	X098 Claim Place of Service: ESRD Treatment Facility	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Req	Req	Absent
29	X098 Claim Place of Service: State or Local Public Health Clinic		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
30	X098 Claim Place of Service: Rural Health Clinic		Absent	Absent	Absent		Absent	Absent	Absent		Absent	Absent			Absent		Absent	Absent	Absent
31	X098 Claim Place of Service: Independent Laboratory	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
32	X098 Claim Place of Service: Other Unlisted Facility	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
33	X098 Order date	Absent	Absent	Absent			Absent	Absent							Absent	Absent	Absent	Absent	Absent
34	X098 Initial treatment date	Absent	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
35	X098 Last seen date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent	Absent
36	X098 Onset of current illness or injury date				Absent				Absent	Absent	Absent	Absent			Absent		Absent	Absent	
37	X098 Acute manifestation date	Absent	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent
38	X098 Similar illness or symptom date				Absent				Absent	Absent	Absent	Absent			Absent		Absent	Absent	Absent
39	X098 Accident date									Absent	Absent	Absent					Absent	Absent	
40	X098 Accident date and time									Absent	Absent	Absent					Absent	Absent	
41	X098 Last Menstrual Period date				Absent				Absent				Absent	Absent	Absent		Absent	Absent	Absent
42	X098 Last X-Ray date	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
43	X098 Estimated birth date				Absent				Absent				Absent	Absent	Absent		Absent	Absent	Absent
44	X098 Prescription date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req
45	X098 Disability from date				Absent				Absent	Absent	Absent	Absent			Absent		Absent	Absent	
46	X098 Disability To date				Absent				Absent	Absent	Absent	Absent			Absent		Absent	Absent	
47	X098 Last worked date		Absent	Absent	Absent				Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	
48	X098 Work Return date		Absent	Absent	Absent				Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	
49	X098 Admission date	Absent				Absent	Req	Absent		Absent	Absent	Absent	Absent				Absent	Absent	Absent
50	X098 Discharge date	Absent				Absent		Absent	Absent	Absent	Absent	Absent	Absent				Absent	Absent	Absent
51	X098 Assumed Care date	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent
52	X098 Relinquished Care date	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent
53	X098 Attachment report Type: Admission Summary	Absent				Absent		Absent		Absent	Absent	Absent	Absent				Absent	Absent	Absent
54	X098 Attachment report Type: Prescription	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	
55	X098 Attachment report Type: Physician Order	Absent	Absent	Absent						Absent	Absent	Absent			Absent		Absent	Absent	
56	X098 Attachment report Type: Referral Form																		Absent
57	X098 Attachment report Type: Certification	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
58	X098 Attachment report Type: Dental Models	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
59	X098 Attachment report Type: Diagnostic Report																		Absent
60	X098 Attachment report Type: Discharge Summary	Absent	Absent	Absent		Absent		Absent	Absent	Absent	Absent	Absent	Absent				Absent	Absent	
61	X098 Attachment report Type: Explanation of Benefits	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
62	X098 Attachment report Type: Models					Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
63	X098 Attachment report Type: Nursing Notes	Absent	Absent	Absent	Absent	Absent				Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent
64	X098 Attachment report Type: Operative Note	Absent			Absent	Absent			Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent
65	X098 Attachment report Type: Physical Therapy Notes	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent
66	X098 Attachment report Type: Prosthetics or Orthotic Certificat.	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent
67	X098 Attachment report Type: Physical Therapy Certification	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent
68	X098 Attachment report Type: Radiology Films	Absent	Absent	Absent	Absent				Absent	Absent	Absent		Absent		Absent	Absent	Absent	Absent	Absent
69	X098 Attachment report Type: Radiology Reports	Absent	Absent	Absent	Absent				Absent	Absent	Absent		Absent		Absent	Absent	Absent	Absent	Absent
70	X098 Attachment report Type: Tests and Analysis Reports	Absent	Absent	Absent	Absent	Absent			Absent			Absent	Absent	Absent	Absent	Absent			Absent
71	X098 Total Purchased Service amount		Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
72	X098 Mammography certification number	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent
73	X098 CLIA number	Absent	Absent	Absent	Absent	Absent			Absent	Req	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
74	X098 Investigational Device Exemption identifier																		Absent
75	X098 Claim Note: Certification Narrative	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
76	X098 Claim Note: Goals, Rehabilitation, Discharge Plans	Absent	Absent	Absent	Absent		Absent	Absent		Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent
77	X098 Claim Note: Diagnosis Description																		Absent
78	X098 Claim Note: Payment	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
79	X098 Claim Note: Third Party Organization Notes	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
80	X098 Ambulance: Patient Weight	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
81	X098 Ambulance Transport information	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
82	X098 Ambulance Reason: To Nearest Facility	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
83	X098 Ambulance Reason: For Preferred Physician	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
84	X098 Ambulance Reason: For Nearness of Family	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
85	X098 Ambulance Reason: For Specialized Care	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
86	X098 Ambulance Reason: To Rehabilitation Facility	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
87	X098 Ambulance Round Trip Purpose description	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
88	X098 Ambulance Stretcher Purpose description	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
89	X098 Spinal Manipulation information	Absent	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
90	X098 Spinal Subluxation Level (single level)	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
91	X098 Spinal Subluxation Level (range of levels)	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
92	X098 Spinal Treatment Period count: Days	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
93	X098 Spinal Treatment Period count: Months	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
94	X098 Spinal Treatment Period count: Weeks	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
95	X098 Spinal Treatment Period count: Years	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
96	X098 Spinal Patient Condition description 1	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
97	X098 Spinal Patient Condition description 2	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
98	X098 Ambulance Certification: 1 Condition Code	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
99	X098 Ambulance Certification: 2 Condition Codes	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
100	X098 Ambulance Certification: 3 Condition Codes	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
101	X098 Ambulance Certification: 4 Condition Codes	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
102	X098 Ambulance Certification: 5 Condition Codes	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
103	X098 Vision Condition: 1 code		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req
104	X098 Vision Condition: 2 codes		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	
105	X098 Vision Condition: 3 codes		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	
106	X098 Vision Condition: 4 codes		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	
107	X098 Vision Condition: 5 codes		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	
108	X098 Homebound Indicator	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
109	X098 Home Health Discipline code: Home Health Aide	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
110	X098 Home Health Discipline code: Medical Social Worker	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
111	X098 Home Health Discipline code: Occupational Therapy	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
112	X098 Home Health Discipline code: Physical Therapy	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
113	X098 Home Health Discipline code: Skilled Nursing	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
114	X098 Home Health Discipline code: Speech Therapy	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
115	X098 Home Health Number of visits	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
116	X098 Rendering provider type: Person		Req																
117	X098 Rendering provider type: Non Person Entity		Absent	Absent		Absent	Absent	Absent					Absent	Absent	Absent	Absent			
118	X098 Rendering provider type: Non Person Entity (long name)		Absent	Absent		Absent	Absent	Absent					Absent	Absent	Absent	Absent			
119	X098 Purchased Service provider type: Person		Absent	Absent	Absent	Absent			Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	
120	X098 Purchased Service provider type: Non Person Entity		Absent	Absent	Absent	Absent			Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	
121	X098 Service Facility: Service Location									Absent									Absent
122	X098 Service Facility: Service Location (long name)									Absent									Absent
123	X098 Service Facility: Facility		Req	Req	Req		Req	Req		Absent	Absent				Req		Req	Req	Absent
124	X098 Service Facility: Facility (long name)									Absent	Absent								Absent

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
125	X098 Service Facility: Independent Lab	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
126	X098 Service Facility: Independent Lab (long name)	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
127	X098 Service Facility: Testing Laboratory	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
128	X098 Service Facility: Testing Laboratory (long name)	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
129	X098 Service Facility address: USA		Req	Req	Req					Req					Req		Req	Req	
130	X098 Supervising provider	Absent	Absent	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Req	Absent	Req	Absent	Absent	Absent
131	X098 Supervising provider (long name)	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent		Absent	Absent	Absent
132	X098 Supervising provider ID: UPIN			Req									Req	Req		Req			
133	X098 Svc. Procedure Code: HCPCS	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req
134	X098 Svc. Procedure Code: NDC code 5-4-2 format	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
135	X098 Svc. Units	Req	Absent	Absent	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req
136	X098 Svc. Minutes	Absent	Req	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
137	X098 Svc. International Units	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
138	X098 Svc. Place of Service: Office		Absent	Absent	Absent		Absent	Absent	Absent		Absent				Absent				
139	X098 Svc. Place of Service: Home		Absent	Absent	Absent		Absent	Absent				Absent			Absent		Absent	Absent	Absent
140	X098 Svc. Place of Service: Inpatient Hospital	Absent			Absent	Absent	Req	Absent			Absent		Absent						Absent
141	X098 Svc. Place of Service: Outpatient Hospital	Absent			Absent		Absent	Req	Absent		Absent				Absent				Absent
142	X098 Svc. Place of Service: Emergency Room - Hospital				Absent	Absent	Absent		Absent		Absent	Absent			Absent		Absent	Absent	Absent
143	X098 Svc. Place of Service: Ambulatory Surgical Center				Absent		Absent	Absent	Absent		Absent				Absent	Absent			Absent
144	X098 Svc. Place of Service: Birthing Center		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent		Absent	Absent			Absent	Absent	Absent
145	X098 Svc. Place of Service: Military Treatment Facility				Absent	Absent	Absent	Absent	Absent		Absent				Absent		Absent	Absent	Absent
146	X098 Svc. Place of Service: Skilled Nursing Facility		Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent			Absent		Absent	Absent	Absent
147	X098 Svc. Place of Service: Nursing Facility		Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent			Absent		Absent	Absent	Absent
148	X098 Svc. Place of Service: Custodial Care Facility		Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent			Absent		Absent	Absent	Absent
149	X098 Svc. Place of Service: Hospice	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req		Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent
150	X098 Svc. Place of Service: Ambulance - Land	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
151	X098 Svc. Place of Service: Ambulance - Air or Water	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
152	X098 Svc. Place of Service: Federally Qualified Health Center		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent			Absent	Absent	Absent	Absent	Absent
153	X098 Svc. Place of Service: Inpatient Psychiatric Facility				Absent	Absent	Absent	Absent	Absent		Absent	Absent			Absent		Absent	Absent	Absent
154	X098 Svc. Place of Service: Adult Living Care Facility		Absent	Absent	Absent	Absent	Absent	Absent				Absent			Absent		Absent	Absent	Absent
155	X098 Svc. Place of Service: Psychiatric Facility Partial Hosp.				Absent	Absent	Absent	Absent	Absent		Absent	Absent			Absent		Absent	Absent	Absent
156	X098 Svc. Place of Service: Community Mental Health Center		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent
157	X098 Svc. Place of Service: ICF / Mentally Retarded	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent			Absent		Absent	Absent	Absent
158	X098 Svc. Place of Service: Residential Substance Abuse Facility		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent		Absent	Absent		Absent	Absent	Absent
159	X098 Svc. Place of Service: Psychiatric Residential Treat. Cntr.		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent
160	X098 Svc. Place of Service: Mass Immunization Center		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
161	X098 Svc. Place of Service: Comprehensive Inpatient Rehab.	Absent	Absent	Absent	Absent		Absent	Absent	Absent		Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent
162	X098 Svc. Place of Service: Comprehensive Outpatient Rehab.	Absent	Absent	Absent	Absent		Absent	Absent	Absent		Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent
163	X098 Svc. Place of Service: ESRD Treatment Facility	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent			Absent
164	X098 Svc. Place of Service: State or Local Public Health Clinic		Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
165	X098 Svc. Place of Service: Rural Health Clinic		Absent	Absent	Absent		Absent	Absent	Absent		Absent	Absent			Absent		Absent	Absent	Absent
166	X098 Svc. Place of Service: Independent Laboratory	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
167	X098 Svc. Place of Service: Other Unlisted Facility	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
168	X098 Svc. Prescription Number		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
169	X098 Svc. Attachment Transmission: Previously Submitted to payer																		
170	X098 Svc. Attachment Transmission: Certification Included	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
171	X098 Svc. Attachment Transmission: No Documentation Required																		
172	X098 Svc. Attachment Transmission: Available at provider site																		
173	X098 Svc. Ambulance Transport information	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
174	X098 Svc. Ambulance: Patient Weight	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
175	X098 Svc. Ambulance Reason: To Nearest Facility	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
176	X098 Svc. Ambulance Reason: For Preferred Physician	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
177	X098 Svc. Ambulance Reason: For Nearness of Family	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
178	X098 Svc. Ambulance Reason: For Specialized Care	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
179	X098 Svc. Ambulance Reason: To Rehabilitation Facility	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
180	X098 Svc. Ambulance Round Trip Purpose description	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
181	X098 Svc. Ambulance Stretcher Purpose description	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
182	X098 Svc. Spinal Manipulation information	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
183	X098 Svc. Spinal Subluxation Level (single level)	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
184	X098 Svc. Spinal Subluxation Level (range of levels)	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
185	X098 Svc. Spinal Treatment Period count: Days	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
186	X098 Svc. Spinal Treatment Period count: Weeks	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
187	X098 Svc. Spinal Treatment Period count: Months	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
188	X098 Svc. Spinal Treatment Period count: Years	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
189	X098 Svc. Spinal Patient Condition description 1	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
190	X098 Svc. Spinal Patient Condition description 2	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
191	X098 Svc. DME certification in months	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
192	X098 Svc. DME lifetime" certification"	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
193	X098 Svc. Oxygen Therapy information	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
194	X098 Svc. Oxygen Therapy Arterial Blood Gas	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
195	X098 Svc. Oxygen Therapy Oxygen Saturation	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
196	X098 Svc. Oxygen Test Finding: Dependent Edema	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
197	X098 Svc. Oxygen Test Finding: P" Pulmonale"	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
198	X098 Svc. Oxygen Test Finding: Erythrocythemia	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
199	X098 Svc. Ambulance Certification: 1 Condition Code	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
200	X098 Svc. Ambulance Certification: 2 Condition Codes	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
201	X098 Svc. Ambulance Certification: 3 Condition Codes	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
202	X098 Svc. Ambulance Certification: 4 Condition Codes	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
203	X098 Svc. Ambulance Certification: 5 Condition Codes	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
204	X098 Svc. Hospice Employed Provider: yes	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
205	X098 Svc. Hospice Employed Provider: no	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
206	X098 Svc. DMERC Certification Condition indicator 1	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
207	X098 Svc. DMERC Certification Condition indicator 2																		Absent
208	X098 Svc. DMERC Certification Condition indicator 3																		Absent
209	X098 Svc. DMERC Certification Condition indicator 4																		Absent
210	X098 Svc. DMERC Certification Condition indicator 5																		Absent
211	X098 Svc. Oxygen Certification Condition indicator 1	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
212	X098 Svc. Oxygen Certification Condition indicator 2																		Absent
213	X098 Svc. Oxygen Certification Condition indicator 3																		Absent
214	X098 Svc. Oxygen Certification Condition indicator 4																		Absent
215	X098 Svc. Oxygen Certification Condition indicator 5																		Absent
216	X098 Svc. Date: single date		Req	Req	Req					Req	Req	Req	Req						
217	X098 Svc. Date: from-through dates		Absent	Absent	Absent			Absent	Req	Absent	Absent	Absent							
218	X098 Svc. Certification Revision date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
219	X098 Svc. Begin Therapy date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
220	X098 Svc. Last Certification date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
221	X098 Svc. Order date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	
222	X098 Svc. Last Seen date		Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent	Absent
223	X098 Svc. Test Performed date: Hemoglobin or Hematocrit	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req		Absent
224	X098 Svc. Test Performed date: Creatinine	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Absent
225	X098 Svc. Test Performed date: 4 L/m test date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
226	X098 Svc. Test Performed date: Arterial Blood Gas	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
227	X098 Svc. Test Performed date: Oxygen Saturation	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
228	X098 Svc. Shipped date	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
229	X098 Svc. Onset of current illness or injury date				Absent				Absent	Absent	Absent	Absent			Absent		Absent	Absent	Absent
230	X098 Svc. Last X-Ray date	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
231	X098 Svc. Acute manifestation date	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
232	X098 Svc. Initial treatment date	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
233	X098 Svc. Similar illness or symptom date				Absent				Absent	Absent	Absent	Absent			Absent		Absent	Absent	Absent
234	X098 Svc. Anesthesia modifying units	Absent	Req	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
235	X098 Svc. Test Result: Oxygen Concentration	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
236	X098 Svc. Test Result: Oxygen Test Rate	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
237	X098 Svc. Test Result: Height	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
238	X098 Svc. Test Result: Hemoglobin	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req		Absent
239	X098 Svc. Test Result: Hematocrit	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req		Absent
240	X098 Svc. Test Result: Creatinine	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Req	Absent
241	X098 Svc. Test Result: Oxygen	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
242	X098 Svc. Test Result: Epoetin Starting Dosage	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req		Absent
243	X098 Svc. Mammography Certification number	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent
244	X098 Svc. CLIA Certification number	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
245	X098 Svc. Referring facility CLIA Certification number	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
246	X098 Svc. Immunization batch number		Absent	Absent	Absent	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
247	X098 Svc. Oxygen Flow Rate	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
248	X098 Svc. Sales Tax amount		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
249	X098 Svc. Home Health Delivery Pattern time code	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
250	X098 Svc. Note: Goals, Rehabilitation, Discharge Plans	Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent
251	X098 Svc. Note: Third Party Organization Notes																		Absent
252	X098 Svc. Purchased Service amount		Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	
253	X098 Svc. Rendering provider type: Non Person Entity		Absent	Absent		Absent	Absent	Absent					Absent	Absent	Absent	Absent			
254	X098 Svc. Rendering provider type: Non Person Entity (long name)		Absent	Absent		Absent	Absent	Absent					Absent	Absent	Absent	Absent			
255	X098 Svc. Purchased Service provider type: Person		Absent	Absent	Absent	Absent			Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	
256	X098 Svc. Purchased Service provider type: Non Person Entity		Absent	Absent	Absent	Absent			Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
257	X098 Svc. Service Facility: Service Location									Absent	Absent								Absent
258	X098 Svc. Service Facility: Service Location (long name)									Absent	Absent								Absent
259	X098 Svc. Service Facility: Facility									Absent	Absent								Absent
260	X098 Svc. Service Facility: Facility (long name)									Absent	Absent								Absent
261	X098 Svc. Service Facility: Independent Lab	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
262	X098 Svc. Service Facility: Independent Lab (long name)	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
263	X098 Svc. Service Facility: Testing Laboratory	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
264	X098 Svc. Service Facility: Testing Laboratory (long name)	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
265	X098 Svc. Supervising provider	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent		Absent	Absent	Absent
266	X098 Svc. Supervising provider (long name)	Absent	Absent		Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent		Absent	Absent	Absent
267	X098 Svc. Ordering provider	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
268	X098 Svc. Ordering provider (long name)	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
269	X098 Svc. Ordering provider ID: UPIN																		
270	X098 Svc. Supporting Form: Home Health	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
271	X098 Svc. Supporting Form: DMERC CMN 841 Hospital Beds	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
272	X098 Svc. Supporting Form: DMERC CMN 842 Support Surfaces	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
273	X098 Svc. Supporting Form: DMERC CMN 843 Motorized Wheelchairs	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
274	X098 Svc. Supporting Form: DMERC CMN 844 Manual Wheelchairs	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
275	X098 Svc. Supporting Form: DMERC CMN 845 CPAP Devices	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
276	X098 Svc. Supporting Form: DMERC CMN 846 Lymphedema Pumps	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
277	X098 Svc. Supporting Form: DMERC CMN 847 Osteogenesis Stimulators	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
278	X098 Svc. Supporting Form: DMERC CMN 848 TENS	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
279	X098 Svc. Supporting Form: DMERC CMN 849 Seat Lift Mechanism	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
280	X098 Svc. Supporting Form: DMERC CMN 850 Power Operated Vehicle	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
281	X098 Svc. Supporting Form: DMERC CMN 851 External Infusion Pump	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
282	X098 Svc. Supporting Form: DMERC CMN 852 Parenteral Nutrition	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
283	X098 Svc. Supporting Form: DMERC CMN 853 Enteral Nutrition	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
284	X098 Svc. Supporting Form: DMERC CMN 484 (Must NOT use, use	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent